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Testing an Intimate Partner Violence Assessment Icon Form with Battered Migrant and Seasonal Farmworker Women

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Testing an Intimate Partner Violence Assessment Icon Form with Battered Migrant and Seasonal Farmworker Women

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SUMMARY. A user-friendly assessment form using icons was developed for the Lideres Campesinas de California, Inc., a women farmworker organization in California, for assessing migrant and seasonal farmworker women for abuse. The purpose of this study was to test the reliability and validity of the form. Twenty-five women from the Lideres participated. The form, called the Intimate Partner Violence (IPV) Assessment Icon Form, was designed to be used with literate, semi-literate, and illiterate women. Inter-rater reliability and criterion-related validity of the IPV Assessment Form were found to be adequate for the literate

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and semi-literate participants. There were not enough illiterate women ($n = 2$) to include in the analysis. This study also demonstrates that with adequate training, support, and tools, migrant and seasonal farmworker women can work in partnership with researchers to design, develop and conduct research in their own communities. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <getinfo@haworthpressinc.com> Website: <<http://www.HaworthPress.com>> 2002 by The Haworth Press, Inc. All rights reserved.]

KEYWORDS. Domestic violence, intimate partner violence, migrant farmworkers, reliability testing, validity testing, literacy

Screening tools to assess for Intimate Partner Violence have been used widely in research with pregnant women, shelter residents, and women of different ethnicities. Variations in the number and type of questions (e.g., concerning types and severity of abuse or risk of homicide) and interview format (i.e., telephone vs. face-to-face) have been reported (McFarlane et al., 1991; McFarlane, Wiist, & Watson, 1998a; El-Bassel et al., 1998). Time and resources at national, state, and local levels have also been spent training health care providers to properly screen patients for IPV (Family Violence Prevention Fund, 1998). These screening tools are now being used in a variety of health care settings across the country. Although these efforts are important, they will work only if battered women actually arrive on the doorstep of the health care provider. For the migrant and seasonal farmworkers (MSFWs) who were the subjects of this study, other strategies were employed since national statistics report only a 12-15% use of migrant/community health centers (Office of Migrant Health, 1996).

Between 1997 and 2000, Latinas (or Hispanics) have begun to appear more frequently in the literature on IPV. Latina battered women are now the focus of research on topics such as battering during pregnancy (Campbell et al., 1999; McFarlane, Wiist, & Watson, 1998b; McFarlane et al., 1999), sexual abuse (El-Bassel, 1998; Lira, Koss, & Russo, 1999; Davila & Brackley, 1999), and barriers to use of services (Bauer et al., 2000; West, Kantor, & Jasinski, 1998). Several of these authors have acknowledged the differences between the various ethnic groups that make up Latina populations (i.e., Mexican, Cuban, Puerto Rican, etc.) recognizing that Latinas, as an "ethnic group" are not homogeneous.

Data on the impact of immigration and acculturation is not yet consistent enough to show a pattern of predictability or risk for increased abuse. For example, a study by Firestone, Lambert, and Vega (1999) reported that US-born Mexican-American women were at higher risk of abuse than native-born Mexican women living in the US. Conversely, Bauer et al. (2000) described immigrant women's newly arrived (or less acculturated) status as placing them at higher risk for IPV. Several authors also have described the cultural factors influencing abuse and/or women's reasons for staying in or leaving a violent intimate relationship (West, Kantor, & Jasinski, 1998; Firestone, Lambert, & Vega, 1999; Perilla, Bakeman, & Norris, 1994; Gabler, Stern, & Miserandino, 1998; McGee, 1997; Krishnan et al., 1997).

IPV AMONG MIGRANT AND SEASONAL FARMWORKERS

Despite the recent inclusion of Latinas from the general population (mostly urban) in some IPV-related studies, migrant and seasonal farmworker women have not yet been well studied. In 1993 the first information regarding the problem of IPV for this group of women was published (Rodriguez, 1993; Migrant Clinicians Network, 1996; Migrant Clinicians Network, 1998; Rodriguez, 1998; Rodriguez, 1999).

Preliminary prevalence studies with non-random samples of MSFW women have reported 20% of women experiencing physical abuse within the previous 12 months and 10% reporting forced sexual activity within the past 12 months (Rodriguez, 1998). Migrant farmworker women were also included in a study of Latina women in two rural health clinics in Texas, but the results did not show a relationship between abuse and migrant status (Hightower & Gorton, 1998). Lifetime abuse, abuse during pregnancy, risk for homicide, and health effects of sexual abuse are only a few of the problems that have yet to be investigated with this group of women. Large, population-based studies are needed to continue to document the prevalence and associated consequences of IPV for this population.

RESEARCH WITH ILLITERATE POPULATIONS

Very little has been published concerning research with illiterate populations. One study comparing telephone surveys with mailed paper

and pencil forms found higher response among illiterate groups with phone surveys (Harris, Weinberger, Tierney, 1997). Another study described illiteracy as a barrier to health care (Eng et al., 1998). A paper by an environmental studies researcher considered the impact of poverty, illiteracy, and gender bias on women's life spaces. The findings suggested that the failure to recognize and protect women's life spaces in economic policy and planning commonly leads to "disease environments" for women and their children (Kettel, 1996). Another study of farmworkers in South Africa found them to have high rates of illiteracy and to carry a high disease burden based on high levels of head injury, substantial adult undernutrition, and poisoning by pesticides (London, Thompson, & Myers, 1998). All these issues are common to MSFWs in the US.

THE USE OF ICONS IN HEALTH COMMUNICATIONS

Although icons in health communications have been described in the literature (Dalhousie, 1999; Rogers, 1989; Scholtz & Weidenback, 1993; Tzeng, Trung, & Reiber, 1990; Herbert, 1999), no references describing the use of icons in a data collection instrument could be located. Some research on the efficacy of using icons or pictographs or other non-written materials to provide health messages or medical information to patients regardless of the literacy levels is, however, available (Houts et al., 1998; Anonymous, 1998; Morow et al., 1998).

The purpose of this study was to establish the reliability and validity of the Intimate Partner Violence (IPV) assessment icon form with literate, semi-literate, and illiterate members of the Lideres Campesinas Domestic Violence Outreach and Education Project. Specific objectives included establishing the form's: (1) content validity; (2) inter-rater reliability; (3) criterion-related validity; and (4) stability reliability among Lideres Campesinas de California, Inc. (Farmworker Women's Leadership of California, Inc.), which is an organization created in 1992 by and for farmworker women to address the myriad of problems they had identified in their own communities through years of living and working in difficult and dangerous conditions. In 1994, the Lideres completed a needs assessment exploring the problem of domestic violence in their communities and discussed strategies to address it in a conference held in Riverside, California in July of that same year.

Through training and organizing in 12 areas throughout the state, the Lideres began identifying battered women and offering them support.

The Lideres also began working to change the existing system of domestic violence services to recognize and address the unique needs of this population. The Lideres continue to train a variety of service providers, from health care workers to police, to become culturally aware of migrant life and the challenges it presents in offering appropriate services (Rodriguez, 1999).

An important aspect of Lideres Campesinas has been their ability to reach what has been traditionally identified by researchers and health practitioners as a "hard to reach population." Because the Lideres are a part of the daily life of these communities, they have many opportunities to meet other women in their natural settings (i.e., laundromats, grocery stores, beauty shops, buses, and, of course, working in the fields). The Lideres tell stories of gathering informal groups of women at birthday parties, wedding receptions, and English classes to discuss domestic violence. They have organized public marches and large public information campaigns to inform battered women in their communities of the support services available to them. The women have documented their work by using taped interviews, stories, and informal notes. Between 1996 and 1997, an older version of the IPV Assessment Icon Form was used which had been developed without input from the MSFWs. This older form proved too confusing for the women to use and, as a result, they either did not use it or used it only sporadically. The project described here aimed to develop a form that was both user-friendly for the Lideres and reliable and valid.

METHODS

A non-random sample of 25 Lideres Campesinas' members who were actively working with battered MSFW women in their local communities participated as interviewers in the project. All but five were monolingual in Spanish, while one was Latina and monolingual in English and another was bilingual in English and Spanish. Three were bilingual in Spanish/Mixtec (a language of the indigenous people of Oaxaca, Mexico). In May 1998, research staff member traveled to 7 sites in California for one week to train 22 of the women in the use of the form. An experienced member of Lideres Campesinas trained additional participants after the original training date.

Of the women in the sample, 2 were illiterate, 9 were semi-literate, and 14 were literate. All of the literate participants were literate in Spanish only. Literacy was either self-reported or reported by the Executive

Director of *Lideres Campesinas* who had extensive experience working with the participants in their routine work of completing reports and expense vouchers. Limited funding precluded the inclusion of an expert to serve as a consultant on the research team to conduct a formal evaluation of each participant's literacy level.

DEVELOPMENT OF THE IPV ASSESSMENT ICON FORM

The Intimate Partner Violence Assessment Icon Form used for this study was taken from an adaptation of the Abuse Assessment Scale (AAS) developed by nurse researchers (McFarlane et al., 1991). This scale was adapted with permission by Rodriguez in 1994 and used to conduct the first prevalence studies for IPV in the migrant farmworker population from 1994 to 1996 (Migrant Clinicians Network, 1996; Rodriguez, 1998). For the purposes of the current study, additional elements were included and are described below.

The most important aspect of the project was to develop the form so that it could be used by all of the *Lideres Campesinas* regardless of their literacy level. The icons were a critical component of the form. The form was created in three steps. The initial step involved taking generic figures and other drawings from the Handbook of Pictorial Symbols (Modley, 1977). MCN staff members manipulated the icons by computer to symbolize each of the written questions on the Abuse Assessment Form. For example, one icon was changed to form a picture of a man hitting a woman, forcing her into bed, and a woman appearing afraid. In order to identify the locations of contacts and develop a pictorial description of the safety plan, different drawings were proposed by the members of *Lideres Campesinas* that further enhanced the computer version of the form. Finally, one of us (RR) met with the participants on three occasions over a period of one year to review the icon form. The review continued until the group reached consensus on the best design for each icon.

The form included general information for each participant including her unique identification number (assigned by the investigator), location (city or county), and interview case number. Questions on age, site of contact, partner's alcohol and/or drug use, occurrence of physical abuse (PA) within the past year, her relationship to the PA perpetrator, occurrence of forced sex (FS) within the past year, her relationship to the (FS) perpetrator, whether or not the woman was afraid of her partner or anyone else, and finally, the existence of a safety plan were included.

Because the husband/partner was the perpetrator in the vast majority of cases, these relationship variables were excluded from the analysis.

To establish content validity, the form was sent for review to a panel of experts: a Latina domestic violence researcher, a Latina doctoral student conducting literacy research with migrant farmworkers, and a Mexican psychologist specializing in research with migrant farmworker women in Mexico. Three groups of *Lideres* members also reviewed the form and provided feedback.

Each participant used the form to conduct face-to-face interviews with five local MSFW women in order to establish criterion-related validity. She also used a tape-recorder to simultaneously audiotape the interview. One of the investigators created the scoring criterion for each interview by completing the form according to the taped interview. The forms completed by the participants were then matched with the criterion form scored by the investigator according to the information provided on the audiotape.

Inter-rater reliability was established by presenting the participants with a set of six vignettes taken from actual cases. Participants rated each interview using the form. Their responses to each interview component were scored correct or incorrect by one of the investigators who was present during the testing. T-tests were used to compare scores among the participants of different literacy levels. A generalizability study using random-effects analysis of variance (ANOVA) was used to determine inter-rater reliability.

To establish stability-reliability, each participant recontacted and reassessed two of the women originally interviewed within two weeks of the initial assessment. The correspondence between the results from the two assessment times served as a measure of form stability.

RESULTS

Content Validity

One of the experts did not return the form despite several attempts to contact her. The review by the other two content experts arrived too late to be used in the study (due to the time constraints related to funding for the project period). Therefore, the review of the various iterations of the form by 3 groups of *Lideres Campesinas* during the year of development provided the only measure of content validity.

Inter-Rater Reliability Between Literacy Groups

Twenty-two Lideres scored the 6 vignettes. All were monolingual Spanish speakers. Among these participants 12 were literate, 8 were semi-literate, and 2 were illiterate. The illiterate women were excluded from the analyses due to the small sample size. T-tests comparing the vignette scores of the semi-literate and literate women found no significant differences between the scores ($t = 1.782$, $p = 0.113$). The random-effects ANOVA to assess inter-rater reliability found a variance component for Lider of 0.075, accounting for 8.02% of the total variance. The variance component for vignette was 0.86, which accounted for 91.98% of the total variance. These findings indicate that the Lideres were quite consistent in their scoring and that the majority of variance was attributable to the vignettes.

Criterion-Related Validity

The participants were provided with the forms, a tape recorder and audiotapes. A total of 104 interviews were completed using both the audiotape and the IPV form. In some of these cases, the Lideres did not understand the instructions and turned on the tape recorder after completing the form. After deleting these 21 cases from the analysis, 83 cases were available to be analyzed. Each tape-recorded interview was compared to its corresponding form. A score was derived that indicated the match between the responses on the tape and the responses on the IPV form. A perfect score of 5 indicated a perfect match between the interview and the form for the five variables that were being tested (partner's alcohol/drug use, physical abuse, forced sex, fear, and completion of the safety plan). A perfect score was achieved in 39.8% of the forms. An additional 31.3% of the forms were completed within 80% accuracy. Examination of each variable showed fairly accurate scoring (79.5% to 85.5% correct) on all variables except the Safety Plan. This variable was more complex and was accurate only 9% of the time. T-tests showed no statistically significant differences between literary groups.

Stability Reliability

It was not possible to establish stability-reliability due to the difficulty the women had in understanding the procedure to be followed. Each interviewer was asked to re-interview two of the original participants within two weeks of the original interview. Despite on-site train-

ing by the lead investigator and a rigorous approach to coding the forms, the participants did not understand the process. Fewer than 10 re-interviews were conducted and matching between the original case with the corresponding interview was not possible.

CONCLUSIONS

This study has shown that with adequate training, support, and tools, MSFW women can participate in the design and implementation of research projects in partnership with researchers. Varying literacy levels need not be considered barriers to participation and should be addressed in the design of research instruments. The inter-rater reliability and criterion-related validity of the IPV Assessment Icon Form which were achieved showed the feasibility of its use among literate or semi-literate MSFW women. Too few illiterate women participated in the study ($n = 2$) to include them in the analyses. It will be essential to test the form with illiterate women in the future to ensure that the form will be useful for all who may need to use it.

A limitation of the study was our inability to complete the content validity component using the review of outside experts. Future, testing of the IPV assessment icon form should include expert consultation in assessment of literacy levels for non-English speaking participants and a sufficient number of illiterate women to allow testing of the form with the study population. Further assessment of content validity is also needed. The adequacy of the time period allotted to filling out the form also needs to be carried out to ensure that the participants will not feel rushed to complete the project within too short a period of time.

Future studies will incorporate additional technology. We intend to use the icon format in a Palm OS environment to enable the workers to gather data easily with inexpensive equipment and download them to a central computer for synthesis and analysis.

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